

Town _____ Date of Closure _____

Mailed _____

comp **New Hampshire Department of Environmental Services (603) 271-3644 FAX (603) 271-2181****UST CLOSURE NOTIFICATION****1. Telephone Message**

Name _____

Initial _____

Date: _____

Street _____

Telephone: _____

City _____

Fax # _____

2. Facility Registration Number: _____

Name _____

City _____

Street _____

Telephone _____

3. Owner Name

Name _____

City _____ Telephone: _____

4. Tank Removal Information*******L=Leaker Suspected; R=Removal; F=Filled in Place**

L	R	F	L	R	F	L	R	F	L	R	F	L	R	F
Tank # _____			Tank # _____			Tank # _____			Tank # _____			Tank # _____		
Size _____			Size _____			Size _____			Size _____			Size _____		
Product _____			Product _____			Product _____			Product _____			Product _____		
Will tank be replaced underground ? Yes No			Will tank be replaced underground ? Yes No			Will tank be replaced underground ? Yes No			Will tank be replaced underground ? Yes No			Will tank be replaced underground ? Yes No		

5. Consultant / Contractor: _____ IFCI Certification : _____**6. Local Fire Dept. Notified _____****7. Inspector _____**

Date _____

8. Field Screening Methods (tank and piping):**9. Sample Information**

tank #	tank #	tank #	tank #	tank #
Soil Water	Soil Water	Soil Water	Soil Water	Soil Water

Taken By: _____

10. Tank Condition:

tank #	tank #	tank #	tank #	tank #

11. Indicate tank and sample locations by sketching on back of this report.**12. Include photographs of the excavation and tank(s) condition if available.****13. Estimated cubic yards of stock piled contaminated soil: _____ cubic yards****14 . Verification**

I have inspected the site of the removed tank(s), including the entire excavation area. I am knowledgeable in field observation techniques to determine regulated substance contamination in soils and groundwater. There is no evidence of soil or groundwater contamination at the site. I have also inspected the excavated tank(s) and found no evidence of leakage.

Name:

Signature:

Date: